



## Child New Patient Registration

**Please be aware, if your child is 16 years or older they are considered an adult and would need to complete an Adult Registration Form.**

Thank you for choosing to register with us. Please complete this form as fully as possible.

*If your child is on regular medication, please ensure you have a minimum of 2 months' supply from your previous practice prior to registering here. You also need to book a new patient review with us.*

We are a two site practice. Whilst we will make every effort to offer you an appointment at the site of your choice this may not always be possible, especially if you require an urgent same day appointment. You therefore need to be able to attend both Cuckfield and the Vale Surgery. You should consider this when choosing to register here.

### Guidelines for Registering with Cuckfield Medical Practice & The Vale Surgery

In accordance with guidelines laid down by the PCSS Counter Fraud and Probity Department we are now required to get identification from any patient under 16 wishing to register with the practice.

### Forms of identification which are acceptable:

Please note that **ONE** item from the 3 listed below will be required when registering your child.

List A	
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Passport
<input type="checkbox"/>	Immunisation Book

FOR OFFICE USE ONLY – Please tick when completed:			
<input type="checkbox"/> GMS1 / signed	<input type="checkbox"/> ID checked	<input type="checkbox"/> NHS number	<input type="checkbox"/> Medication supply
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Summary care record	<input type="checkbox"/> Online access	<input type="checkbox"/> Communication need
		<b>Allocated GP:</b>	
<b>Checked by (initials &amp; date):</b>		<b>On SystemOne (initials &amp; date):</b>	

Please complete all parts of this form for your child and take to Reception at either surgery along with the ID as detailed in this document.

<b>Child Title</b>	<b>Child Surname</b>	<b>Child First Name</b>	
<b>Child Current Address</b>			
_____			
_____			
_____			
<b>Child Postcode:</b>		<b>Child Date of Birth:</b>	

## Contact Details

<b>Parent Mobile Phone Number</b>	<b>Parent Home Phone Number</b>
<b>Parent Email address</b>	

## Consent to Leaving Messages and Communicating with you

In accordance with the Data Protection Act, the Practice requires written consent from any patient who is happy for us to leave a message on their answer phone in the event that we need to contact them. If we do not have written consent, and are unable to leave a message it may be difficult to contact you if we need to do so quickly.

**Please tick all the boxes that apply, this consent will commence from the date of registration:**

<b>I give consent for the Practice to leave voicemail messages about my child on my:</b>	
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Mobile Phone

<b>I give consent for the Practice to leave a message about any aspect of my child's medical treatment:</b>	
With:	Relationship to you:

<b>I give consent to receiving the following from the Practice:</b>	
<input type="checkbox"/> SMS (text) appointment confirmation and reminders	<input type="checkbox"/> Emails

## Next of Kin

Title	Surname	First Name
<b>Current Address if different from your child</b>		
<hr/>		
<hr/>		
<hr/>		
<b>Postcode:</b>		<input type="checkbox"/> Address same as above

Relationship to your Child	Next of Kin Home telephone	Next of Kin Mobile phone

Do you live with anyone else registered here as a Patient? If so, whom (please give full names):
<hr/>
<hr/>
<hr/>

## Preferred Pharmacy

Prescriptions are sent electronically. Please indicate your choice of pharmacy by ticking **one** of the boxes below, or please specify an alternative.

Pharmacies
<input type="checkbox"/> Lloyds - Cuckfield
<input type="checkbox"/> Lloyds - Sainsburys
<input type="checkbox"/> Kamsons - Vale
<input type="checkbox"/> Kamsons - Northlands Wood
<input type="checkbox"/> Boots - Haywards Heath (South Road)
<input type="checkbox"/> Other – please specify.....

## Allergies

Does your child have any Allergies or Sensitivities?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please give details
<hr/> <hr/> <hr/>

## Immunisations

If this is your first time registering with the NHS, or your child has had vaccinations abroad, please provide a list of your child's immunisation history

## Ethnicity

Information on ethnicity is important because of the need to take into account culture, religion and language in providing appropriate individual care, changing legislation, the importance of providing information on ethnicity for shared care including secondary care and the need to demonstrate non-discrimination and equal outcomes.

**I would describe my child's ethnic origin as:** (Please tick as appropriate)

Asian or Asian British	Black or Black British	Mixed
<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistan <input type="checkbox"/> Any other Asian background	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background	<input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Any other mixed background
Other Ethnic Group	White	Non-disclosure
<input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background	<input type="checkbox"/> I do not wish to disclose my ethnic origin

### Language(s) Spoken

--

**Do you need an interpreter? Do you have a communication need?**

**Do you need an interpreter - Yes / No**

**Do you have a communication need – Yes/No**

**If yes to either question, please specify.**

## Summary Care Record

Having a Summary Care Record (SCR) can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

### You have a choice

You have the choice of what information you would like to share. Authorised healthcare staff can only view your SCR with your permission.

Your options are outlined below; please indicate your choice accordingly:

- Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication and allergies for adverse reactions only.
  
- Express consent for medication, allergies, adverse reactions and additional information.** You wish to share in addition to the above your illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.
  
- Express dissent for Summary Care Record (opt out).** Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

If you chose not to complete this consent form, a SCR **will** be created for you, which will contain only medications, allergies and adverse reactions. You are free to change your decision at any time by informing the practice. Children under 16 will automatically have a SCR created for them unless their parent or guardian chooses to opt them out.

**Signature:**

**Date:**